July 16, 2015



United States Department of Agriculture

Animal and Plant Health Inspection Service

Policy and Program Development

Environmental and Risk Analysis Services, Unit 149

4700 River Road Riverdale, MD 20737

Document Processing Desk [6(a)(2)] Office of Pesticide Programs (7504P)

Ariel Rios Building

U.S. Environmental Protection Agency 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001

ATTN:

Mr. Norman Spurling (7502P)

SUBJECT:

FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect

incidents dated March, April and May 2015 for the

reporting period ending May 31, 2015

During this reporting period, the following APHIS-registered pesticide product was involved in adverse incidents:

EPA.Reg. No. 56228-15

M-44 Cyanide Capsules

Active Ingredient:

CAS No. 143-33-9

Sodium Cyanide

No. of Incidents

6

Incident Category D-A

Details of the incidents (involving the deaths of five domestic dogs) can be found in the enclosures.

Please direct any questions pertaining to this adverse incident report to Jeffery W. Jones at (301) 851-4001 or e-mail Jeffery.W.Jones@aphis.usda.gov.

Sincerely,

David S. Reinhold

Chief, Environmental and Risk Analysis Services

Enclosures (6)

An Equal Opportunity Provider and Employer

David a Brighten

0000

cc:

- J. Jones, USDA, APHIS, WS, OS, Riverdale, MD (sent electronically)
- J. Edwards, USDA, WS, NWRC Archives, Fort Collins, CO
- P. Darrow, USDA, APHIS, WS, Pocatello Supply Depot, Pocatello, ID (sent electronically)

 $APHIS:PPD:DS inkowski:07-16-15:i:\ppd\es\DataSupport\ws\pesticides\6(a)(2)\fy2015\July 16 2015 aggregate report letter.doc$

| | | 6(a)(2) AD\ | | EFFECTS INC | IDENT INFO | | | | |)) |
|---|-------------------|--------------------------|-------------|-------------------------|---|------------|--------------------------------|-----------|---------------------|---|
| INCIDENT CODE | | Doto | INCE | DENT STATUS | | | ATE WIS BECAME | AWARI | 1 | ES USE OHLY PORT NUMBER |
| D-A | X New | 03/17/201 | 5 | Update | ato of last submit | BROTT | 03/17/2015 | | KE | ORI NUMBER |
| EMPLOYEE NAME (To con | tect for addition | onal Information) | TELE | PHONE NUMBER | CONTACT NA | ME (If No | n-APHIS) | | TEL | EPHONE NUMBER |
| Zachary Evans | | • | 30 | 04-614-9539 | | | 2 | | | 2 |
| DUTY STATION ADDRESS | | | | | ADDRES8 | | | | | |
| PO Box 13 Circleville, WV 20 | 6004 | | | | | | | | | |
| Charle, W V 2 | | | | | | | | | | |
| СПУ | DICIDE | NT LOCATION STATE | cou | | SOURCE OF D | (FORMA | TROM. | | | |
| Circleville | | wv | ı | ndleton | X Self | | Telephone Call | | Letter | |
| | | | | | Media | | Oral Report | <u> </u> | Diber | |
| EXPOSURE TYPE (Example | es include spil | i, aplash, drift, run | cif or cti | er.) | | | | | | |
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| INCIDENT SITE (example agricultural (specify crop), | | | | | | | | | | NT: (examples include aintenance of application |
| (apacity), recreational area (| | | | | | | ecturing/journalation | | | |
| Agriculturual (Sh | | _ | | | 1960 | | | | | |
| Fenced Wooded I | Pasture e | dge | | 140 | | | | | | |
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| EPA REGISTRATION NUMBER | es p | PRODUCT NAME | | | 1 | A CYTAGE I | NGREDIENT | | | _ |
| 56228-15 | - | M-44 | • | | ľ | | um Cyanide | | | |
| | | | | | | | | | | |
| WAS THE PRODUCT | - 1 | what was the | DILUTK | ON RATIO (If applicable | | | ie label Ons followed | | | PPLICATOR (if applicable) |
| 40 LJ | luted | | | | | X Yes | No | | X Yes | ☐ No |
| is there evidence of in | ITENTIONAL I | MIBUSE (II "Yes", | exptain) | | | | | | | |
| Yes X No | | | | | | | | | | |
| | | ~ <u></u> | | | | | , | | | y. |
| SUMMARY OF THE INCIDE | NT (Attach out | pplemental form if | neodad | • | | | | | | 45 SS |
| Displace town about | I= 84270 17 | formal - | 3 | | 74777 77 | , | | | | |
| During trap check incident. The farm | merinfor | B DRUOI 2015 TAF Lacr | aog | without a colla | r. W I Evar | is spoi | ke with the i | arme | r to mi | orm him of the |
| rightful owner. T | he owner | of the dog | infor | ned WT Evens | that he wa | i ume, | , vv i cvans: re of the emi | inma | nea une nt cet o | a neighboring |
| property prior to | turning t | he dog loos | e. | ilea VV I EValls | tilat lit wa | o awa | ic or are edu | ıpıncı | iit set e | in neighboring |
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| IAME OF PREPARER | | S10 | HATUR | 5 / | 1 | ELEPHO | ne Number | | DAY | |
| Zachary P. Evans | | | A P | En | ļ | 304- | 614-9539 | | 63 | 3/20/2013 |
| IAME OF SUPERVISOR | | 800 | NATUR | E | . | ELEPHO | NE NUMBER | | DATI | 0 00 |
| Tom S. Elliott | | * - | - | Salls | Special Property of the Parks | 304-6 | 536-1785 | | 0 | 3/20 Set |
| NS FORM 160-R (June 9 | 19) | · n | Octol De | production Authorize | | | | | | 7 40/13 |
| aimm idans famina's | | le | ANGI FU | de Angreia Virginise | , , , , , , , , , , , , , , , , , , , | | | | | 0 0 |
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| DOMESTIC AN | NIMAL, FAUNA, C | OR FLORA INCI | DENT - SUPPLE | MENTAL REPOR | TFORM | REPORT NUMBER |
| X" CNE | | | <u> </u> | "X" ONE | | NUMBER OR ACRES AFFECTED |
| Amphibian Fish | Bird X Mam | etardetravni 🔲 lam | Roptile Pla | nt X Domestic | ☐ WRd | |
| IPECIES COMMON NAME | Dog | | | BREED (If known) | Brittany | <u> </u> |
| ESCRIBE SIGNS, SYMPT | | 218 | | | | |
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| Fatality | | | | | | |
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| LABORATORY TESTS W | /ERE PERFORMED, LIB | IT NAME OF TEST(8) | AND RESULTS (If avoid | ible, ettach copies): | | |
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| AGNITUDE OF THE EFFE | ≈ • (a.g., mies a suesa | na, square orge or forn | SEALEN LEGICEL) | | | |
| N/A | | | | | | |
| ESTICIDE APPLICATION F | RATE AND METHOD OF | APPLICATION (Includ | le brief description of ba | ting if applicable) | | 1 ii |
| N/A | | | | | | |
| | | ···· | | | 14 | |
| AS PREBAITING USED OF | N THE STE (Describe) | | | | | |
| | | | | | | (4) |
| ESCRIPTION OF THE HAS | ITAT AND CIRCUMSTA | HCES UNDER WHICH | THE INCIDENT OCCU | RRED | | |
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| circed wooded pa | rernie enße | | | | | |
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| DOMINAL FACTORS | | • | | | | |
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| 221 27 27 27 | ¥8 | | SIGNATURE | | 2 | OATE O |
| AME OF PREPARER Zachary P. Evans | 22 | | 9/2 | • | | 03/28/15 |
| Zachary P. Evans | 11 | | 9/4- | | | 03/20/15 DATE |
| Zachary P. Evans | | ocal Reproduction Aut | SIGNATURE Tarrix | Sillet | | 03/28/15 |

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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SEI

| INCIDENT CODE | JIBILLI ADV | ERSE EFFECTS INCI | IDEIA I HALOKIAN | DATE WS BECAME | WARE | ES USE ONLY |
|--|---|--|---|--|---|--|
| D-A | Date X New 03/23/2011 | · · · · · · · · · · · · · · · · · · · | ate of last submission | OF THE INCIDENT 03/23/2015 | RE | PORT NUMBER |
| EMPLOYEE NAME (To conta | ct for additional information) | TELEPHONE NUMBER | CONTACT NAME (II | Non-APHIS) | TEI | LEPHONE NUMBER |
| Travis Mininger | | 304-614-9536 | | • | | |
| DUTY STATION ADDRESS | a phase on the production of the second | | ADDRESS | | e to the state of | and the last constraint of long case is browned by |
| | | | | | | |
| | INCIDENT LOCATION | | SOURCE OF INFOR | WATION | | |
| CITY | STATE | COUNTY | X Self | Telephone Call | Letter | |
| Tunnelton | WV | Preston | Media | Oral Report | Other | |
| EXPOSURE TYPE (Examples | include spill, splash, drift, runo | ff or other.) | | | | |
| Agriculturual (Goa Open Fence Pastur | | | | | | |
| EPA REGISTRATION NUMBE | R PRODUCT NAME | | | managara ang ang ang ang ang ang ang ang ang an | | y |
| 56228-15 | . M-44 | | | e ingredient dium Cyanide | | |
| VAS THE PRODUCT | WHAT WAS THE D | DILUTION RATIO (If applicable | | | V | |
| X Concentrated Dilute | 4 | neo non roano (n applicable | DIREC | THE LABEL TIONS FOLLOWED | | PPLICATOR (If applicable) |
| | ENTIONAL MISUSE (If "Yes", e | unda in t | X) | res No | X Yes | No |
| Yes X No | | | | | | |
| JUMMARY OF THE INCIDENT | (Attach supplemental form if n | ceded) | | | of the second second second | |
| 10 | | | | | | |
| During trap check, Mininger spoke to his and that he kne | WT Mininger deter the farmer to inforn w the dog had been id not try to capture | n him of the incider running loose and s | it. At that time got into the equ | the farmer indi | cated the d | log was med WT |
| During trap check, Mininger spoke to his and that he kne Mininger that he d | the farmer to inform w the dog had been id not try to capture | n him of the incider running loose and gethe dog since he be | nt. At that time got into the equ lieved it would | the farmer indi sipment. The fa not go to that s | cated the d | log was med WT he farm |
| During trap check, Mininger spoke to his and that he kne Mininger that he d | the farmer to inform w the dog had been id not try to capture | n him of the incider running loose and p | nt. At that time got into the equ lieved it would | the farmer indi sipment. The fa not go to that s | cated the d | log was med WT he farm. |
| During trap check, Mininger spoke to his and that he kne Mininger that he d | the farmer to inform w the dog had been id not try to capture | n him of the incider running loose and gethe dog since he be | ot. At that time got into the equilieved it would | the farmer inditional indicates the farment. The farment for the farment farment for the farment for the farment farme | cated the d rmer informant section of the | log was med WT he farm. |
| During trap check, Mininger spoke to his and that he kne Mininger that he d | the farmer to inform w the dog had been id not try to capture | n him of the incider running loose and gethe dog since he be | TELEP | the farmer indi sipment. The fa not go to that s | cated the d rmer informant section of the | log was med WT he farm. |

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

| DOMESTIC ANIMAL, F | AUNA, OR FLORA IN | NCIDENT - SUPPLEMI | ENTAL REPORT FO | RM RE | ES USE ONL' PORT NUMBER | Y |
|------------------------------------|---|--|--|--|--|--|
| "X" ONE Amphibian Fish Bard | X Mammal Inverseb | xate Reptile Plant | "X" ONE | · NU | IMBER OR ACRES AF | FECTED |
| SPECIES COMMON NAME Dog | | | RPED (Meanur) | ſix | | , |
| DESCRIBE SIGNS, SYMPTOMS, ADVE | RSE EFFECTS | | | | But as making parabeths were a warranger | 1 - contribution on terminal registration |
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| Fatality | | | | | | |
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| F LABORATORY TESTS WERE PERFO | ORMED, LIST NAME OF TES | T(S) AND RESULTS (if available | e, attach copies); | | 200 Pet to all hours in | andersolver as to design graphyte case (i) |
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| N/A | | | | | | |
| 50 | | | | | | |
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| AAGNITUDE OF THE EFFECT (e.g., mi | Description of the second | | is the property assume the property of the party of the | | | - |
| | ies or sveams, square area or | rterrestrial nabitat) | | | | |
| N/A | | | | | | |
| PESTICIDE APPLICATION RATE AND M | NETHOD OF APPLICATION (I | nclude brief description of baiting | g if applicable) | and the second second second | | |
| N/A | · | , | , | | | |
| N/A | | | | | | |
| VAS PREBAITING USED ON THE SITE (| (Describe) | The state of the s | | ly from the latter than the strips to their strips to the strips to the strips to the strips and the strips to the | | |
| Yes No | | | 170 | | | |
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| ESCRIPTION OF THE HABITAT AND C | IRCUMSTANCES UNDER W | HICH THE INCIDENT OCCUR | RED | - 2.5 New York of the State of | | |
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| Open Fence Pasture | | | | | | |
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| ame of preparer Travis Mininger | | SIGNATURE | - Committee Mark | DAT | , , | 0 |
| | | Jan | . 17 m | . | 3/26/2 | 015 |
| AME OF SUPERVISOR Tom S. Elliott | | SIGNATURE | Alto C | DAT | 3/26/18 | 0 |
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| | 6 | (a)(2) ADVI | ERSE | EFFECTS INC | IDENT II | NFORM | MATION | REPOR | T | | | |
|---|-------------------|---|----------|-----------------------|---------------|---------------|--|----------------------------------|--|---------|----------------|------------|
| INCIDENT CODE | | | INCID | ENT STATUS | | | ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | WS BECAM | | | ES USE ON | |
| D-A | X New C | ь 03/30/2015 | 54 | | ate of last s | ubmission | ון ייטן | ie incident | , | REF | ORT NUMBER | ₹ |
| | NEW (| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ' | Update | | 5% | 03/3 | 30/2015 | | | | |
| EMPLOYEE NAME (To conta | ct for additional | information) | TELES | PHONE NUMBER | CONTAC | T NAME (| If Non-API | | | TEL | EPHONE NUM | BER |
| Jason Rhodes | | | 30 | 4-591-2417 | | | | | | | | |
| DUTY STATION ADDRESS | | | | | ADDRES | <u></u> | | | | | | |
| HC 68 box 151 | | | | | | - | 19 | | | | | |
| Bowden WV, 2625 | 4 | | | | | | | | | | | |
| | INCIDENT I | OCATION | | | SOURCE | OF INFO | RMATION | | | | | |
| CITY | | | COUNT | ry | 1 _ | | | | _ | | | |
| French Creek | | wv | Up | shur | | Self Media | = | ephone Call | Lett | | | |
| | Jackyda aa'ii aa' | | | | l L | Media | | al Report | Oth | er | | |
| EXPOSURE TYPE (Examples | wones sher sh | wan, ami, runoi | r or owe | (r.) | | | | | | | | |
| | | | | | | | | | | | | |
| INCIDENT SITE (examples | include comm | ercial or resid | ential : | sites, forest/woods. | SITUATIO | ON RELA | TING TO | PRODUCT | ADVERSE | INCIDE | NT: (example: | s include |
| agricultural (specify crop), re (specify), recreational area (sp | angeland/pastur | e, noncrop are | a, fallo | w field, public lands | application | n, mixing/k | loading, re | entry, during ing/formulation | transport, re | pair/ma | intenance of a | pplication |
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| Agriculturual (Cat | • | I | | | | | | | | | | |
| Wooded Pasture ed | ige | | | 80 | 1 | | | | | | | |
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| EPA REGISTRATION NUMBE | | DUCT NAME | | | | - 1 | IVE INGRE | | | | | |
| 56228-15 | ' | M-44 | | | | S | odium | Cyanide | • | | | |
| WAS THE PRODUCT | WHA | AT WAS THE D | LUTIO | RATIO (If applicable |) | | E THE LA | | | | PLICATOR | |
| Concentrated Dilut | ed | | | | | | Yes | OLLOWED | CERT | | If applicable) | |
| S THERE EVIDENCE OF INTE | NTIONAL MISL | ISE (If "Yes", ex | rojajn) | | | | 103 | | | 162 | No | |
| | | | φιμιν, | | | | | | | | | |
| Yes X No | | | | | | | | | | | | |
| HIMMARY OF YUR INCIDENT | F (AMark assault) | | | | | | | <u>41</u> | | | | |
| SUMMARY OF THE INCIDENT | (Attach suppler | nental form if ne | eded) | | | | | | | | | |
| | | | | | | | | | | | | |
| WT Rhodes arrive | d on a coop | perators p | ropei | ty in Upshur | County | to per | form a | n equipi | nent ch | eck. V | Vhile ched | king |
| equipment WT Rh | odes becar | ne aware t | hat a | dog had been | killed t | oy an N | Л44. Т | he dog d | id have | a coll | ar, but ha | d no |
| identification on it | . WT Rhoo | ies spoke v | with t | the cooperator | and wa | as unal | ble to i | dentify v | who the | dog b | elonged t | o. The |
| cooperator agreed | to ask his r | neighbors | abou | t the dog, hop | ing to fi | ind its | owner. | | | | | |
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| ason Rhodes | | |) | 011 | | | 04-591 | | | | 000000 | جسرا |
| | | | am | Khilm | | | | | | 1 3 | -51-1 | 15 °° |
| AME OF SUPERVISOR | | SIĞN | ATURE | | | 1 | PHONE N | | | DATE | چ ي | |
| Tom S. Elliott | | 1 | _ | 100 100 | | 1 20 | 2 /0/ | 1705 | | 1 | Ennance . | |
| | | | 1 | Z) ("M" | | 30 | 4-636- | 1/00 | | 3/ | 3///5 | |

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| X" ONE | | | | | | | "X" ONE | | NUMBER | OR ACRES AFFE | CTFD |
| Amphibian | Fish | Bird | X Mommal | Invertebrato | Reptile | Plant | X Domestic | Wild | | | |
| SPECIES COM | KON NAME | | | 11 | | | BREED (If known) | | | | |
| DESCRIBE SIG | | Dog | DOE EFFECTO | | | | | Blue He | eler | | |
| JESURIBE SIGI | ro, o impi | Jino, Auvei | COE EFFEC 13 | 8 | | | | *): | | | |
| Fatality | | | | | | | | | | | |
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| LABORATOR | Y TESTS W | ERE PERFO | RMED, LIST N | AME OF TEST(8) | AND RESULT | 'S (if avadable | , attach copies): | | | | |
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| N/A | | | | | | | | | | | |
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| AGNITUDE OF | THE EFFEC | CT (e.g., mile | es of streams, s | quare area of terr | restrial habitat) | ····· | | | | | |
| N/A | | | | | | | 88 | | | | |
| | W | | | | | | | | | | |
| | LICATION R | ATE AND MI | ETHOD OF API | PLICATION (Indu | de brief descrip | otion of baiting | if applicable) | | | | |
| N/A | | | | | | | | | | | |
| VAS PREBAITIN | | THE SITE (| Describe) | | | | | | | | ···· |
| Yes | No | | | | | | | | | 3 | |
| ESCRIPTION O | E TUE UADI | TAT AND C | DOIMOTANOS | S UNDER WHICH | u The More | | - | | | | - |
| escar non o | r ing nabi | IAI AND CI | RCUMS IANGE | :3 UNDER WHICH | H THE INCIDE | NT OCCURR | ED | | | | |
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| INCIDENT CODE | T | 6(a)(2) ADV | | EFFECTS INC | IDENT INFOR | | ION REPORT | WARE | ES USE ONL | V 7 |
| D-A | New | Date 03/18/2 | 015 | D: Update | ate of last submiss | | OF THE INCIDENT | 3/2015 | REPORT NUMBER | |
| EMPLOYEE NAME (To conta | act for addition | nal information) | TELEF | PHONE NUMBER | CONTACT NAM | E (If No | n-APHIS) | | TELEPHONE NUMB | ER |
| Cody Krause | | | 70 | 1-650-7281 | | | | | | |
| DUTY STATION ADDRESS | · . | | L | | ADDRESS | | | | <u> </u> | |
| | | | | | | | | | | |
| | | LOCATION | | | SOURCE OF IN | FORMA | TION | | | |
| CITY | i | STATE | COUN | | Self | | Telephone Call | Letter | | |
| New Rockford | | ND | Edd | dy | Media | | Oral Report | X Other | MIS Data | |
| NCIDENT SITE [examples agricultural (specify crop), respecify), recreational area (sp | angeland/pas | ture, noncrop ar | ea, fallo | w field, public lands | application, mixir | ng/loadir | G TO PRODUCT AI ng, reentry, during to facturing/formulation] | ansport, repa | CIDENT: [examples air/maintenance of ap | include plication |
| Panasiand/Dasi | tura | | | 4. | | | | | | |
| Rangeland/Past | ture | | | | M-44 | devi | ce activated | by non | -target specie | es - |
| | | | | | Dome | stic | Dog | | | |
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| | | | | | | | | | | |
| PA REGISTRATION NUMBE 56228–15 | ER P | RODUCT NAME | | | A | | NGREDIENT | _ | | |
| 30220-13 | | M-44 | | | | So | dium Cyanic | le | | |
| VAS THE PRODUCT | W | THAT WAS THE D | HLUTIO | N RATIO (If applicable | | | HE LABEL ONS FOLLOWED | | HE APPLICATOR FIED (If applicable) | |
| X Concentrated Dilu | ted | | | | - | Yes | | T Y | | |
| THERE EVIDENCE OF INT | ENTIONAL M | ISUSE (If "Yes", e | xplain) | | | -74 | | 1 | Land | |
| Yes X No | | | | | | | | | | |
| ummary of the inciden M-44 devices | | | | f integrated p | oredator da | mag | e program fo | or livest | ock protectio | n. |
| | | | | | | 740 | | | 0000 | |
| | | | | | | | | | | 0000 |
| ARE OF DOCOLOGO | | Sign | TATURE | 1-4 | // TE | LEPHO | NE NUMBER | | DATE | |
| AME OF PREPARER | | ed fail to a 47 | | // // ~ | 1 | | + + 14 Amilian | 1 | | 0.000 |
| Nancy Stephan | | | las | va Step | 1 | 701-2 | 250-4405 | | 04/02/2015 | 0,000 |
| and the second second | | 1 | ATURE DATURE | re Stap | han | | 250-4405 INE NUMBER | | | Q |
| Nancy Stephan | | 1 | ATURE | in Stap | han | LEPHO | | | 04/02/2015 | |

| | | ES USE ONLY |
|--|-----------------------|------------------------------------|
| DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEME | NTAL DEDODT CODM | REPORT NUMBER |
| DOMESTIC FRANKE, FROM, ON FEDERAL MOIDEN, - OUT FERME | INTAL REPORT FORM | |
| "X" ONE | "X" ONE | NUMBER OR ACRES AFFECTED |
| Amphibian Fish Bird X Mammal Invertebrata Reptile Plant | X Domestic Wild | |
| SPECIES COMMON NAME | BREED (If known) | |
| 8 18 | 1 1 | |
| DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS | | |
| | * | |
| The Domestic Dog was killed after activating a M-44 device | ce. | |
| | | |
| | | |
| | | |
| F LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available | e, attach copies): | |
| | | |
| | | |
| | | |
| | | |
| | | |
| MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat) | | |
| | | |
| | | |
| PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting | g if applicable) | |
| 1 M-44 device was activated. | | |
| | | |
| WAS PREBAITING USED ON THE SITE (Describe) Yes No | | |
| | | |
| ESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURR | IFA. | |
| | | |
| M-44 devices were set in Range/Pasture land for manager | ment of coyote predat | ion in livestock. |
| | | |
| | | |
| | | |
| | | |
| DDITIONAL FACTORS | | |
| The neighbors dog traveled the approximately 5 miles to the | • | 0000 |
| The cooperator had notified the dog owner before we place | | gate and M ₅ 44 signage |
| was properly placed. The dog was returned to the owner for | or proper burial. | |
| | | . 00 0 |
| Α, | | 0 00 000 |
| AME OF PREPARER SIGNATURE | 1 | DATE |
| Nancy Stephan | Wallen | 0402/2015 |
| AME OF SUPERVISOR SIGNATURE | and the second | DATE |
| Phil Mastrangelo | mind | 04/02/2015 |
| S FORM 160B-R (June 99) (Local Reproduction Authorized) | 193-00 | 0 0 0 |

| | According to the second | VERSE EFFECTS INC | | DATE WS BECAME AWAI | DE CENTER SIN |
|---|-------------------------------|--|------------------------------|------------------------|--|
| 0-A | New 4/17/15 | O. Upd;ite | ale of last submission | OF THE INCIDENT | RE ES USE ONLY REPORT NUMBER |
| EMPLOYEE NAME (To contr | | | CONTACTMAN | 1.1/1.1/12 | 111111111111111111111111111111111111111 |
| Charl Fox | | 540-381-7387 | CONTACT NAME (II | Non-APHIS 1 | TELEPHONE NUMBER |
| DUTY STATION ADDRESS | lumas De | physiological distribution of the second section of the second sections of the second section section sections of the second section section sections of the second section section section sections of the section section section section sections of the section section section section sections of the section secti | ADDRESS | | |
| | rs VA 24 | 077 | | | |
| | INCIDENT LOCATION | | | | |
| CITY | STATE | COUNTY | SOURCE OF INFORM | | 3.0 |
| Pulaski | VA | Pulaski | Self Media | - 7 | Leiter |
| EXPOSURE TYPE (Examples | | 1 ' | Media | Orni Report | Othur |
| (specify), recreational area (specify). | | | equipment, during man | | SE INCIDENT: [examples include 1. repair/maintenance of application High |
| EPA REGISTRATION NUMBER | | | 1 | INGREDIENT | St. (Statement of the second |
| WAS THE PRODUCT | WHAT WAS THE | DILUTION RATIO (Il applicable) | | sodium cyc | unide |
| Concentrated Dilute | d N | IA | DIRECT | ONS FOLLOWED CE | AS THE APPLICATOR ERTIFIED (If applicable) |
| S THERE EVIDENCE OF INTER | ITIONAL MISUSE (II Yes. 0 | xpiain) | | s IVO | Yes No |
| | | | | | |
| Yes X No | | | | | |
| **** | Altach supplemental form if n | anded) | | | |
| SUMMARY OF THE INCIDENT (| | to maintain | in cont. | rol of do | φ. |
| SUMMARY OF THE INCIDENT (| | | in cont. | rol of do | CODO 0000 |
| SUMMARY OF THE INCIDENT (| | | n conti | rol of do | |
| SUMMARY OF THE INCIDENT (| for failed | | | | |
| Couperat | for failed | to maintain | | rol of do | |
| Cooperate Me of preparer Lhad Fox | or failed signa | to maintain ATURE | | | |
| Cooperate ME OF PREPARER What Fox | for failed | to maintain ATURE | ТЕLЕРНО! 570- | | |
| Couperat | or failed signa | to maintain ATURE | TELEPHOI 570- TELEPHON | ne number 38/- 7387 | DATE |

| DOMESTIC ANIMAL FALMA OF FLOOR | 3 | ES USE ONLY |
|--|--|--|
| DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEME | NTAL REPORT FORM | REPORT NUMBER |
| TX" ONE | | - |
| Amphibian Fish Bird Mammal Involobrate Republic Plant | TX" ONE | NUMBER OR ACRES AFFECTED |
| SPECIES COMMON NAME | Domestic Wild | |
| dog | BREED (II known) MI Xed | |
| DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS | CONTROL OF STREET | I will an open a remain the Section of the |
| | | |
| dog was found dead near | pulled M44 | device |
| , | / | |
| ¥ | | |
| = 5 | | |
| F LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (# available. | altach convest | Francisco Cara Cara Cara Cara Cara Cara Cara Car |
| | and copics). | |
| al/10- | | |
| N/A | | |
| | | |
| N. C. | | |
| AGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat) | And the second s | |
| NA | | |
| STICINE AGO ICATION O | | |
| STICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of bailing if | | 11 77 446 |
| U/i 26 use restrictio | スで | |
| S PREBAITING USED ON THE SITE (Describe) | 21 P. S. | |
| Yes (No | *************************************** | 5471 = 0 10 1 1 1 |
| | | |
| SCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED | | |
| | | The state of the s |
| pasture | | |
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| . · · · · · · · · · · · · · · · · · · · | | |
| TOWN IN PASSED IN THE PASSED I | | |
| ITIONAL FACTORS | The state of the s | The reservoir and the second services |
| 1110 | | 0000 |
| NA | | 0000 |
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| | ii . | 0 0 |
| OF PREPARER | anamento V | 00 0 0 |
| SIGNATURE | DA | TE 0 0 0 0 |
| had tox | | 4/17/100000 |
| | | ///// |
| OF SUPERVISOR SIGNATURE | DA | TE C |

U.S. DEPARTMENT OF AGRICULTURE

| D-A | Ţ <u>=1=11</u> | | SE EFFECTS INC | | DATE WS BECAME A | WARE ES USE ONLY |
|---|--------------------------|--|---------------------------|--|--|--|
| | Date | ······································ | | Pate of last submission | OF THE INCIDENT | REPORT NUMBER |
| | X New 05/ | 01/2015 | Update | | 05/01/2015 | |
| EMPLOYEE NAME (To cont | act for additional Info | metion) TEI | LEPHONE NUMBER | CONTACT NAME | III Non-APHIS) | TELEPHONE NUMBE |
| Travis Mininger | | | 304-614-9536 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| DUTY STATION ADDRESS | | | | ADDRESS | | |
| | | | | | | |
| | <u>.</u> | | | | | |
| | INCIDENT LOC | F 1 440 | | SOURCE OF INFO | RMATION | ************************************** |
| CITY | STATE | . | INTY | X Self | Telephone Call | Letter |
| Hundred | W | V | Vetzel | Media | Oral Report | Other |
| EXPOSURE TYPE (Example) | include split, splash | , drift, runoff or o | ther.) | ************************************** | | na a dinaggan di merengi delek kelelum appina baya dibunungan dibun di nasarin din |
| | | | | | | |
| ICIDENT SITE (AVANCE) | lactude server | al as sentite " | al also de | laurus and | | |
| NCIDENT SITE (examples gricultural (specify crop), r | angeland/pasture, n | ioncrop area, fa | allow field, public lands | | | VERSE INCIDENT: (examples in naport, repair/maintenance of appli |
| specify), recreational area (sp | pecify), right-of-way (r | ail, utility, highw | ay)] | | nanufacturing/formulation) | |
| Agriculturual (Go | | | | | | • |
| Open Fence Pastur | re | | | | | |
| | | | | | | |
| | | | | | | |
| PA REGISTRATION NUMBE | In Inner | | | <u> </u> | | - |
| 56228-15 | M- | ct name 44 | | 1 | TVE INGREDIENT | |
| | | | | | odium Cyanide | |
| VAS THE PRODUCT | WHATW | AS THE DILUT | ION RATIO (If applicable | | E THE LABEL | WAS THE APPLICATOR |
| Concentrated Davi | ed | | | [| Yes No | CERTIFIED (if applicable) X Yes No |
| THERE EVIDENCE OF INT | ENTIONAL MISUSE | (If "Yes", explain |) | 163 | | 11-21 |
| _ | | | | | | |
| Yes X No | | | | | | |
| | (Attach supplement | al form if needer | s) | · | · | |
| MAIARY OF THE INCIDENT | | | • | | | |
| MAIARY OF THE INCIDENT | | | | | | |
| UMAIARY OF THE INCIDENT | · WT Mining | ar found a | dominish a mall- | | | |
| During Trap check | : WT Mininge | er found a | dog with a colla | r but no ident | ification on it. W | T Mininger spoke |
| During Trap check with the farmer to | inform him o | of the incide | ent. The farmer | r did not knov | ification on it. We the owner of the | T Mininger spoke dog. The farmer |
| During Trap check with the farmer to | inform him o | of the incide | ent. The farmer | r did not knov | ification on it. W v the owner of the | T Mininger spoke dog. The farmer |
| During Trap check with the farmer to | inform him o | of the incide | ent. The farmer | r did not knov | ification on it. W w the owner of the | T Mininger spoke edog. The farmer |
| During Trap check with the farmer to | inform him o | of the incide | ent. The farmer | r did not knov | ification on it. W v the owner of the | T Mininger spoke dog. The farmer |
| During Trap check with the farmer to | inform him o | of the incide | ent. The farmer | r did not knov | ification on it. W v the owner of the | e dog. The farmer |
| During Trap check with the farmer to | inform him o | of the incide | ent. The farmer | r did not knov | ification on it. W | e dog. The farmer |
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| During Trap check with the farmer to would notify WT I | inform him o | of the incide | ent. The farmer | r did not knov owner was. | PHONE NUMBER 04-614-9536 PHONE NUMBER | dog. The farmer |
| During Trap check with the farmer to would notify WT I ME OF PREPARER Tavis Mininger | inform him o | signatur | ent. The farmer | r did not knov owner was. | PHONE NUMBER 04-614-9536 | DATE 5/1/15 |

| | | | | S USE ONLY |
|--|--|----------|-----------|------------------|
| DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEME | ENTAL REPOR | TFORM | REPORT NU | MBER |
| "X" ONE | "X" ONE | | NUMBER OF | R ACRES AFFECTED |
| Amphibian Fish Sind X Mammal Invertebrate Reptile Plant | XI Domestic | Wild | | |
| SPECIES COMMON NAME Dog | BREED (If known) | Mix | | |
| DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS | 1 | | | |
| | | | | |
| Fatality | | | | |
| | | | | |
| 8 | | | | |
| ÿ. | 68 | | | |
| IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available | e, attach copies); | | | |
| 27/4 8 | | | | |
| N/A | | | | |
| | | | | |
| | | | | |
| MAGNITUDE OF THE EFFECT (e.g., males of streams, square area of terrestrial habitat) | | | | |
| N/A | | | | |
| PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of bailing | n if applicable) | | | |
| N/A | a application | | | |
| NA | | | | |
| MAS PREBATTING USED ON THE SITE (Describe) Yes No | | | | |
| | | | | |
| DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURR | FD | | ···· | |
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| Open Fence Pasture | | | | |
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| DDITIONAL FACTORS | | | | |
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| Joinwione | - white and the same and the sa | | DATE | 0000 |
| Travis Mininger | | | DATE 5 | 0000 |
| Joinwione | james de la companya della companya della companya della companya de la companya della companya | <u> </u> | DATE DATE | 0000 |